

**Notice of Completion & Environmental Document Transmittal**

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613  
 For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH #

**Project Title:** MacKerricher State Park Force Main and Lift Station Replacement Project

Lead Agency: Department of Parks and Recreation

Contact Person: Patricia DuMont

Mailing Address: One Capital Mall, Suite 410

Phone: (916) 445-9081

City: Sacramento

Zip: 95814

County: Sacramento

**Project Location:** County: Mendocino

City/Nearest Community: Fort Bragg

Cross Streets: State Hwy 1/Mill Creek Drive

Zip Code: 95437

Longitude/Latitude (degrees, minutes and seconds): 39 ° 29 ' 36 " N / 123 ° 47 ' 37 " W Total Acres: 2299

Assessor's Parcel No.:

Section: 19

Twp.: 18N

Range: 17W

Base: MD

Within 2 Miles:

State Hwy #: 1

Waterways: Pacific Ocean, Lake Cleone

Airports: Fort Bragg Airport

Railways:

Schools:

**Document Type:**CEQA: ☐ NOP☐ Draft EIRNEPA: ☐ NOIOther: ☐ Joint Document☐ Early Cons☐ Supplement/Subsequent EIR☐ EA☐ Final Document☐ Neg Dec

(Prior SCH No.)

☐ Draft EIS☐ Other:☒ Mit Neg Dec

Other:

☐ FONSI

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**Local Action Type:**☐ General Plan Update☐ Specific Plan☐ Rezone☐ Annexation☐ General Plan Amendment☐ Master Plan☐ Prezone☐ Redevelopment☐ General Plan Element☐ Planned Unit Development☐ Use Permit☒ Coastal Permit☐ Community Plan☐ Site Plan☐ Land Division (Subdivision, etc.)☐ Other:

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**Development Type:**☐ Residential: Units \_\_\_\_\_ Acres \_\_\_\_\_☐ Office: Sq.ft. \_\_\_\_\_ Acres \_\_\_\_\_ Employees \_\_\_\_\_☐ Commercial: Sq.ft. \_\_\_\_\_ Acres \_\_\_\_\_ Employees \_\_\_\_\_☐ Industrial: Sq.ft. \_\_\_\_\_ Acres \_\_\_\_\_ Employees \_\_\_\_\_☐ Educational: \_\_\_\_\_☒ Recreational: upgrade existing sewer facilities☐ Water Facilities: Type \_\_\_\_\_ MGD \_\_\_\_\_☐ Transportation: Type \_\_\_\_\_☐ Mining: Mineral \_\_\_\_\_☐ Power: Type \_\_\_\_\_ MW \_\_\_\_\_☐ Waste Treatment: Type \_\_\_\_\_ MGD \_\_\_\_\_☐ Hazardous Waste: Type \_\_\_\_\_☐ Other: \_\_\_\_\_**Project Issues Discussed in Document:**☒ Aesthetic/Visual☐ Fiscal☐ Recreation/Parks☐ Vegetation☒ Agricultural Land☒ Flood Plain/Flooding☐ Schools/Universities☐ Water Quality☒ Air Quality☒ Forest Land/Fire Hazard☐ Septic Systems☐ Water Supply/Groundwater☒ Archeological/Historical☒ Geologic/Seismic☐ Sewer Capacity☐ Wetland/Riparian☒ Biological Resources☐ Minerals☐ Soil Erosion/Compaction/Grading☐ Growth Inducement☒ Coastal Zone☐ Noise☐ Solid Waste☐ Land Use☐ Drainage/Absorption☐ Population/Housing Balance☐ Toxic/Hazardous☐ Cumulative Effects☐ Economic/Jobs☐ Public Services/Facilities☐ Traffic/Circulation☐ Other: \_\_\_\_\_**Present Land Use/Zoning/General Plan Designation:**

MacKerricher SP Gen Plan (June 1995); Open Space (Mendocino County General Plan 1981); Park and Recreation (Fort Bragg CA)

**Project Description:** (please use a separate page if necessary)

The Department of Parks and Recreation proposes to replace the force main and sewer lift station near Lake Cleone at MacKerricher State Park to prevent the discharge of sewage into adjacent water bodies and the Pacific Ocean. The project also entails removal of an existing restroom at Lake Cleone.

## Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with and "X".  
If you have already sent your document to the agency please denote that with an "S".

<input type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input type="checkbox"/> Caltrans District # _____	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Regional WQCB # _____
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input checked="" type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input checked="" type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input checked="" type="checkbox"/> Fish & Game Region # <u>2</u>	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	
<input checked="" type="checkbox"/> Native American Heritage Commission	

### Local Public Review Period (to be filled in by lead agency)

Starting Date July 24, 2012 Ending Date August 24, 2012

### Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Contact: _____	Phone: _____
Phone: _____	

Signature of Lead Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.